

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MM	572	05-10-01
FORMALITY REVIEW	MM	572	07-18-01
RESPONSE FORMALITY REVIEW	Request	925	10-17-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓ 02/02/01
2	✓ 02/02/01
3	✓ 02/02/01
4	✓ 02/02/01
5	✓ 02/02/01
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If more than 150 claims or 10 actions  
 staple additional sheet here

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2/15/01  
 5/23/01  
 10/18/01